



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

and the substitution of bubbling fountains therefor, the facilities for washing the hands, the provision of cloak and lunch rooms and their cleanliness, the condition of the heating plant and the efficiency of the ventilation system, the tinting of the classroom walls and the seating of children from the standpoint of maximum illumination with the least visual discomfort, and the condition of the school grounds from the standpoint of adequate play space, drainage, and walks.

10. *Records*.—The nurse should keep accurate records of her work, which at all times should be available for the information of the health and educational authorities. Special forms should be used for recording the results of inspection, for recording follow-up work, for use in connection with the control of communicable diseases, and other forms as the necessity of them arises by reason of local conditions or requirements.

SANITARY CONDITIONS ON THE FRONTIERS OF WESTERN EUROPE.

Statements of the British Minister of Health.

The right honorable C. Addison, M. P., First Minister of Health of the British Empire, commenting upon investigations recently made by the Health Committee of the League of Nations, makes the following statements: ¹

“* * * After the commission had made a detailed inquiry into this question [relating to certain quarantine procedures] they proceeded by sea from Beyrut to Constantinople. This journey, which lasted nine days, is a good illustration of the necessity of international action in health matters. The ship visited nine successive ports, Tripoli (Turkish), Limasol, Cyprus, Adalia (Turkish), Rhodes (Italian), Samos (Greek), Smyrna (Greek), and Chanak (interallied). Different regulations governed each of these visits, which were made without any reference, except by examination of the bill of health, to the results of the examinations already made at previous ports. The commission recommends that ‘the fullest possible use should be made of the larger ports, which are properly equipped and organized to deal with infectious diseases on ships, and the repetition of minor and incomplete measures at ports which are only indifferently equipped should be avoided.’ This is a good example of how medical men of various nations, working together, can both improve health conditions and may also prevent unnecessary interference with trade and shipping.

¹ Taken from The Daily Telegraph (London), Aug. 8, 1922.

"The commission went finally to Constantinople, where a serious epidemic might have dire consequences to Europe, in view of its considerable commerce with the West. * * *

"From the epidemic point of view Constantinople of to-day is the powder magazine of Europe and presents special dangers. A plague appeared in 1919, and vigorous action was taken under the supervision of the medical officers of the Allied forces. Vaccination against smallpox and preventive inoculation have also been carried out on a very large scale. But Constantinople, with a population of well over a million, still lacks an infectious diseases hospital and a cleansing station which can deal with typhus and relapsing fever, and other sanitary machinery. The water may readily become polluted, and this may produce an epidemic of cholera on a very large scale.

"These facts, stated boldly in the report by men who, owing to their scientific training, are careful to avoid exaggerated language, deserve consideration. * * *

"The report of this commission, read in conjunction with a report of the conference held in the spring of this year at Warsaw, makes it clear that the British Government, in conjunction with other allied governments, have difficult health problems to face in the guarding of the sanitary frontiers of western Europe, which stretch from the Baltic along the lines of the boundaries of western Russia, through the Straits of the Bosphorus and the basin of the eastern Mediterranean as far as the Red Sea.

"The need of defending this frontier can not make the dramatic appeal of a war between contending armies. But from the point of view of the health of the western peoples, upon which our future prosperity and contentment depend, it is as imperative that our medical advisers should be given the means to preserve the sanitary cordon as intact as possible, as it was necessary in 1918 to resist the attempt of the Teutonic Powers to break through the Channel ports. * * * "

RESULTS OF VENEREAL DISEASE CONTROL.¹

A gratifying improvement in the mortality from the venereal diseases is shown by the figures for industrial policyholders of the Metropolitan Life Insurance Co. during the last four years. Since 1917, the rate for syphilis and its principal sequelæ ² has declined 21 per cent, the figure for 1921 being 13.1 per 100,000, as compared with 16.6 in the earlier year. The interesting fact is that while there was

¹ From the Statistical Bulletin of the Metropolitan Life Insurance Co., June, 1922, p. 4.

² Locomotor ataxia and general paralysis of the insane.